IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) (Chapter 11	
W.R. GRACE & CO., <u>et</u> <u>al</u> .,		Case No. 01-1139 (JKF) ointly Administered	
Debtors.	(Objection Date: November 26, 2008 at 4:00 p.m. Hearing: Scheduled if Necessary (Negative Notice)	
COVER SHEET TO FORTY-SIXTH DAVID T. AUSTERN, FUTURE (COMPENSATION AND REIMBURS AUGUST 1, 2008 TH	CLAIMANTS' I SEMENT OF EX	REPRESENTATIVE FOR KPENSES FOR THE PERIOD	
Name of Applicant:	David T. Auster ("FCR")	n, Future Claimants' Representative	
Authorized to Provide Professional Services to:	As the FCR		
Date of Retention:	May 25, 2004		
Period for which compensation is sought:	August 1, 2008	through August 31, 2008	
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$2,700.00		
80% of fees to be paid:	$$2,160.00^{1}$		
Amount of Expense Reimbursement sought as actual, reasonable and necessary:	\$ 0.00		
Total Fees @ 80% and 100% Expenses:	\$2,160.00		
This is an: interim _X_	monthly _	final application.	

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY AUGUST 2008

Name of Professional	Position of Applicant	Hourly Billing	Total Billed	Total
<u>Person</u>		Rate	Hours	Compensation
David T. Austern	Future Claimants' Representative	\$500.00	5.40	\$2,700.00
Grand Total:			5.40	\$2,700.00
Blended Rate: \$500.00				

Total Fees: \$ 2,700.00
Total Hours: 5.40
Blended Rate: \$ 500.00

COMPENSATION BY PROJECT CATEGORY

Project Category	Total Hours	Total Fees
Trust Distribution Procedures	5.40	\$2,700.00
TOTAL	5.40	\$2,700.00

EXPENSE SUMMARY

Expense Category	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: October 31, 2008 /S/ DAVID T. AUSTERN

David T. Austern

Claims Resolution Management Corporation

3110 Fairview Park Drive, Suite 200

Falls Church, VA 22042-0683

(703) 205-0835